



Student 1 Agenda and Resolutions

National Conference of Family Medicine Residents and Medical Students
August 2-4, 2018 – Kansas City, MO

1. Resolution No. S1-101 Coverage for Vitamin D Supplementation for Newborns
2. Resolution No. S1-102 Incorporating Pipeline Outreach Programs Into Family Medicine Interest Group Activities
3. Resolution No. S1-103 Guidance for First- and Second-Year Medical Students
4. Resolution No. S1-104 Oppose Unnecessary Requirements on Clinicians that Perform Abortions
5. Resolution No. S1-105 The "Public Charge Rule" Draft - Threat to Immigrant Health
6. Resolution No. S1-106 Natural Disaster Contingency Plan
7. Resolution No. S1-107 Create a Toolkit for Identifying Human Trafficking Victims for Physicians
8. Resolution No. S1-108 Achieving Universal Health Care as a Basic Human Right
9. Resolution No. S1-109 Improving Obstetric Hospital Privileges for Family Physicians

1 **Resolution No. S1-101**

2
3 **Coverage for Vitamin D Supplementation for Newborns**

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5 Introduced by: Alec Ludwig, Farmington Hills, MI
6 Anne Drolet, Clarkston, MI
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8
9 WHEREAS, Vitamin D deficiency is a preventable disorder that has been associated with
10 increased risk for numerous health issues in children and adults, and

11
12 WHEREAS, the prevalence of vitamin D deficiency in newborns has been found to be between
13 12.1-58.0%, and

14
15 WHEREAS, vitamin D deficiency in newborns has been linked to increased risk of developing
16 health problems, including rickets, lower respiratory infections, growth failure, irritability, and
17 seizures, and

18
19 WHEREAS, the American Academy of Family Physicians recommends including vitamin D (200
20 IU) in discharge procedures for healthy newborns, and

21
22 WHEREAS, it is recognized that breast milk is not an adequate source of vitamin D, and

23
24 WHEREAS, supplementation has been shown to be efficacious in increasing serum vitamin D
25 levels and in preventing vitamin D deficiency in infants, and

26
27 WHEREAS, in the U.S., 75-89% of infants are not meeting the 200 IU of vitamin D per day
28 recommendation, and only 1-13% of infants are receiving oral vitamin D supplement, and

29
30 WHEREAS, the Patient Protection and Affordable Care Act requires insurance programs to
31 cover selected supplements, including pediatric fluoride and/or iron supplementation, at no cost
32 for children over the age of six months only, and

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34 WHEREAS, Poly-vi-sol can cost from \$8.68 and greater for 50 mL, which would last 12.5 days
35 per child, costing a family a minimum of \$125 per child for the first six months now, therefore, be
36 it

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38 RESOLVED, That the American Academy of Family Physicians advocate for the inclusion of
39 vitamin D supplementation for newborns in the list of Medicaid covered preventative
40 supplements.

1 **Resolution No. S1-102**

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3 **Incorporating Pipeline Outreach Programs Into Family Medicine Interest Group Activities**

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5 Introduced by: L. Latey Bradford, Baltimore, MD

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7 WHEREAS, The demographics of the U.S. population is not adequately reflected in the higher
8 level health care workforce, and

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10 WHEREAS, there is a great need for increased exposure to health care professions, particularly
11 in underserved communities, and

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13 WHEREAS, pipeline programs have been increasingly utilized to promote interest in health care
14 careers among underserved youth, and

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16 WHEREAS, it is the commitment of the American Academy of Family Physicians to balance the
17 composition and distribution of the physician workforce in the U.S., now, therefore, be it

18

19 RESOLVED, That the American Academy of Family Physicians provide support and standard
20 guidelines for all Family Medicine Interest Groups to institute a pipeline program that increases
21 awareness and interest in health care careers for the underserved youth in their communities.

1 **Resolution No. S1-103**

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3 **Guidance for First- and Second-Year Medical Students**

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5 Introduced by: John Price, Kansas City, KS

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7 WHEREAS, The American Academy of Family Physicians provides the “Strolling through the
8 Match” guide annually for third- and fourth-year medical students for guidance to achieve a
9 position in a family medicine residency, and

10

11 WHEREAS, First- and second-year medical students need guidance early regarding the
12 qualifications and experiences that are necessary to be a competitive Match applicant and
13 confident third- and fourth-year student, now, therefore, be it

14

15 RESOLVED, That the American Academy of Family Physicians provide a recommended
16 schedule for the first two years of medical school, as well as advice on goals to set for the
17 purpose of increasing exposure to family medicine and increasing medical students' success by
18 listing recommended milestones in areas including academics, United States Medical Licensing
19 Examination STEP 1, volunteering, leadership, research, experiences, and mentoring.

1 **Resolution No. S1-104**

2
3 **Oppose Unnecessary Requirements on Clinicians that Perform Abortions**

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5 Introduced by: Johan Clarke, Washington, DC
6 Maya Siegel, Baltimore, MD
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8 WHEREAS, Studies have demonstrated that reduced access to reproductive health care is
9 associated with more unsafe abortions, and

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11 WHEREAS, studies have shown that reduced contact with reproductive health services
12 increases maternal mortality in a region, and

13
14 WHEREAS, increased access to abortion care results in a reduction of disability adjusted life
15 years, and

16
17 WHEREAS, targeted Regulation of Abortion Provider laws create arbitrary regulations on
18 reproductive health clinics that are mainly written by people with little to no medical expertise,
19 and

20
21 WHEREAS, their policies and laws hold unnecessary requirements for clinicians that provide
22 abortions including requiring affiliation with a hospital, requiring hospital admitting privileges or
23 an alternative arrangement, requiring the provider to be a board-certified obstetrician-
24 gynecologist or eligible for certification, and

25
26 WHEREAS, there has been an increase in abortion clinic closings nationwide with six states in
27 this country with only one abortion clinic, and

28
29 WHEREAS, these clinics provided preconception care, prenatal care, and abortion services,
30 and

31
32 WHEREAS, the closure of these clinics has resulted in a reduced availability for all forms of
33 reproductive health care, now, therefore, be it

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35 RESOLVED, That the American Academy of Family Physicians encourage chapters to oppose
36 state and national level legislation that imposes non-evidence based requirements on abortion
37 providers which infringe on their practice, and be it further

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39 RESOLVED, That the American Academy of Family Physicians encourage chapters to oppose
40 legislation that requires abortion providers to provide incorrect or non-evidence based
41 information to patients.

1 **Resolution No. S1-105**

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3 **The "Public Charge Rule" Draft - Threat to Immigrant Health**

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5 Introduced by: Katie Teixeira, Denver, CO
6 Bijan Ghaffari, Denver, CO
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8 WHEREAS, The U.S. Department of Homeland Security informed the Office of Management
9 and Budget that it plans to propose regulations that discard longstanding policy about the
10 meaning and application of the "Public Charge Rule" provisions of immigration law, and

11
12 WHEREAS, a "Public Charge Rule" is a criterion for immigration inadmissibility defined as an
13 individual who is likely to become financially dependent on the government via the receipt of
14 public cash assistance for income maintenance at the government's expense, and

15
16 WHEREAS, the National Immigration Law Center reports the proposed rule change will place
17 greater weight on the current receipt of benefits or the use of benefits within the past 36 months
18 before seeking admission in a public charge determination, and

19
20 WHEREAS, the draft rule would expand the current considerations of labeling a public charge to
21 include health and nutrition services such as Medicaid, the Children's Health Insurance
22 Program, Supplemental Nutrition Assistance Program, Women Infants and Children program,
23 Section 8 housing vouchers, the Low-Income Home Energy Assistance Program, the earned
24 income tax credit, and subsidized health insurance through the marketplaces created by the
25 Affordable Care Act (ACA), and

26
27 WHEREAS, intentional avoidance of the insurance subsidies, health, and nutrition services on
28 the part of immigrants and dependents of immigrants for fear of inadmissibility would have
29 significant public health impacts, and

30
31 WHEREAS, this would place a disproportionate burden on the practice of family physicians
32 working in low-income, low-resourced communities as outlined in a recent article in the New
33 England Journal of Medicine, and

34
35 WHEREAS, this rule change has not yet been published in the Federal Register, and
36 uncertainty and ambiguity is enough to instill fear and discourage enrollment, and

37
38 WHEREAS, the use of nutrition and health services by U.S. citizen children of immigrant
39 parents and relatives, now, therefore, be it

40
41 RESOLVED, that the American Academy of Family Physicians communicate to the Department
42 of Homeland Security its opposition to the inclusion of health, housing, and nutrition services in
43 the definition of a Public Charge.

1 **Resolution No. S1-106**

2

3 **Natural Disaster Contingency Plan**

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5 Introduced by: Alexandra Lozano San Miguel, Caguas, Puerto Rico

6 Pedro Rodriguez Ortiz, Caguas, Puerto Rico

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8 WHEREAS, Hurricane Maria caused devastation in Puerto Rico (PR) and the U.S. Virgin
9 Islands on September 20, 2017, and

10

11 WHEREAS, the number of deaths related to Hurricane Maria in PR is more than 70 times the
12 official estimate, and

13

14 WHEREAS, patients' mortality causes could have been prevented with access to the right
15 resources, and

16

17 WHEREAS, PR and other U.S. territories, including the U.S. Virgin Islands and Guam, are
18 exposed to natural disasters and are physically cut off from the mainland, and

19

20 WHEREAS, the American Academy of Family Physicians (AAFP) supports preventive health
21 measures and provided financial aid to the local chapter after the hurricane, and

22

23 WHEREAS, the distribution of available resources was interrupted due to lack of logistics, now,
24 therefore, be it

25

26 RESOLVED, That the American Academy of Family Physicians (AAFP) help create a natural
27 disaster contingency plan that involves the logistics of the continuation of primary care services
28 during, before and after a natural disaster in consortium with each AAFP constituent chapter.

1 **Resolution No. S1-107**

2

3 **Create a Toolkit for Identifying Human Trafficking Victims for Physicians**

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5 Introduced by: Diana Chen, Flint, MI

6 Anne Drolet, Flint, MI

7 Linh Anh Cao, Flint, MI

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10 WHEREAS, Human trafficking is a rapidly growing criminal industry that involves exploitation of
11 children and vulnerable populations, and

12

13 WHEREAS, there has been a 13% increase in reports of human trafficking via the National
14 Hotline indicating increased awareness, and

15

16 WHEREAS, health care workers are within the top three points of access for trafficking victims,
17 and

18

19 WHEREAS, the American Academy of Family Physicians (AAFP) recognizes this issue and
20 released a position statement discussing a family physician's role in the fight against human
21 trafficking, and

22

23 WHEREAS, the AAFP has previously resolved to increase awareness and provide continuing
24 medical education on human trafficking, and

25

26 WHEREAS, despite this resolution and an increased public awareness over the last ten years,
27 physicians and health care professionals still remain uninformed and unable to respond with
28 adequate resources, and

29

30 WHEREAS, other programs have created simple screening tool kits to help practitioners
31 correctly identify victims of human trafficking, now, therefore, be it

32

33 RESOLVED, That the American Academy of Family Physicians develop a toolkit for human-
34 trafficking screening, including warning signs and resources for the patient, to be used within
35 clinical settings, and, be it further

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37 RESOLVED, That the American Academy of Family Physicians develop Train-the-Trainer
38 programs on human trafficking geared toward physicians, allowing them to better utilize
39 assistance from community organizations and train other physicians.

1 **Resolution No. S1-108**

2
3 **Achieving Universal Health Care as a Basic Human Right**

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5 Introduced by: Adrienne Khanolkar, Fishers, IN

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7 WHEREAS, In 2017, the American Academy of Family Physicians (AAFP) adopted the policy
8 that health is a basic human right, and that "the right to health includes universal access to
9 timely, acceptable and affordable health care of appropriate quality," and

10
11 WHEREAS, the U.S. is the only developed nation without a system of universal health care, and

12
13 WHEREAS, in 2017, a report to the AAFP Board of Directors reviewed publicly funded, privately
14 delivered systems of universal health care, and

15
16 WHEREAS, the report found that single-payer systems demonstrated that in numerous other
17 developed nations to be an effective method of achieving better health outcomes at lower
18 expense and would improve many aspects of America's current health care crisis, and

19
20 WHEREAS, these outcomes include a significant increase in access to primary care and
21 reduced administrative burden on which U.S. physicians currently spend an estimated 10-20
22 hours per week versus 2.4 hours per week by their Canadian counterparts, and

23
24 WHEREAS, the U.S. has an existing single-payer program in the form of Medicare that is
25 accepted by 93% of non-pediatric primary care providers as reported by the Henry J. Kaiser
26 Family Foundation, which could be expanded to form the foundation of universal health care,
27 now, therefore, be it

28
29 RESOLVED, That in 2017, the American Academy of Family Physicians (AAFP) adopted the
30 policy that health is a basic human right, and that "the right to health includes universal access
31 to timely, acceptable and affordable health care of appropriate quality," and be it further

32
33 RESOLVED, That the American Academy of Family Physicians' (AAFP) recommend that a
34 single-payer system be made available to the public.

1 **Resolution No. S1-109**

2

3 **Improving Obstetric Hospital Privileges for Family Physicians**

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5 Introduced by: Johan Clarke, Washington, DC

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8 WHEREAS, Family physicians are trained to provide obstetric services, and

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10 WHEREAS, family physicians provide the majority of obstetric care including caesarian sections
11 in rural settings according to a 2017 article in the *Journal of the American Board of Family*
12 *Medicine (JABFM)*, and

13

14 WHEREAS, maternal mortality rates have been increasing, especially in communities of color
15 and lower-income communities, and

16

17 WHEREAS, rural hospitals have a higher rate of closing obstetrical units because of decreased
18 rates of obstetrical workforces in smaller and community hospitals according to a 2016 article in
19 *Health Services Research*, and

20

21 WHEREAS, family physicians provide an equivocal obstetrics care in regards to outcomes
22 compared to OB/GYN physicians according to a 2015 article in the *Canadian Medical*
23 *Association Journal (CMAJ)*, and

24

25 WHEREAS, there has been a decreasing rate in family physicians performing obstetrics care
26 after residency due to several factors including inability to obtain hospital privileges in obstetric
27 care and increasing rates of maternity ward closures according to a 2015 article, now, therefore,
28 be it

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30 RESOLVED, That the American Academy of Family Physicians advocate for improving hospital
31 privileges for family physicians in providing obstetrical care, and be it further

32

33 RESOLVED, That the American Academy of Family Physicians advocate for keeping maternity
34 wards open in rural and underserved areas.